REQUEST **FOR** **CONTINUED EXAMINATION (RCE)** **TRANSMITTAL** To Commissioner For Patents Please enter the following submission and withdraw the finality of the proceeding office action or withdraw any pending appeal and reopen prosecution before the Examiner.		
	Applicant Number	10/024,776
	Filing Date	December 20, 2001
	First Named Inventor	Markus G. L. M. Van Doorn
	Group Art Unit	2162
	Examiner Name	Isaac M. Woo
	Attorney Docket Number	NL 000740

This is an RCE under 37 C.F.R. § 1.114 of the above-identified application (which is made prior to: payment of issue fee; abandonment; notice of appeal to the CAFC; or commencement of civil action under 35 U.S.C. 145 or 146.)

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1. **Submission required under 37 C.F.R. § 1.114**

   a. [X] Previously submitted

      i. [X] Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on January 20, 2005 .
         Any unentered amendment(s) referred to above will be entered).

      ii. [ ] Consider the arguments in the Appeal Brief or Reply Brief previously filed on_____

      iii. [ ] Other_____

   b. [ ] Enclosed

      i. [ ] Preliminary Amendment

      ii. [ ] Affidavit(s)/Declaration(s)

      iii. [ ] Information Disclosure Statement (IDS)

      iv. [ ] Other_____ (may not be a brief)

2. **Miscellaneous**

   a. [ ] Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of
      _____ months. (May not exceed 3 months; Fee required per 37 C.F.R. § 1.117(i))

   b. [ ] Other_____

3. **Fees**

   a. [X] The Commissioner For Patents is hereby authorized to charge all required fees except the issue fee or credit any overpayments, to Deposit Account No. 14-1270

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED		
Name (Print Type)	Daniel J. Piotrowski	Registration No. (Attorney/Agent)	42,079
Signature		Date	3-9-05

CERTIFICATE OF MAILING OR TRANSMISSION		
I hereby certify that this is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Mail Stop RCE, Alexandria, VA 22313-1450; or facsimile transmitted to the U.S. Patent and Trademark Office at (703) 872-9306 on the date below.		
Name (Print Type)	Edna Chapa		
Signature		Date	3/9/05

120.00 DA
790.00 DA
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14-1270
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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

P11AL0007 16
10/024776

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	12	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	12 minus 20=	* 0
INDEPENDENT CLAIMS	2 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	740

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 12	Minus	** 12	= 0
Independent	* 2	Minus	*** 2	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 12	Minus	** 12	= 0
Independent	* 2	Minus	*** 2	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

1-24-05

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 13	Minus	** 20	=
Independent	* 2	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE